MARYLAND STATE DEPARTMENT OF HEALTH

08091

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 182 E. Main

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (T.) (Last) Alexander

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 11, 1863

9. AGE last birthday: 87 yrs. — If under 1 year: Months. 7 — Days 14 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Plumbing & Heating

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Alexander

14. MOTHER'S MAIDEN NAME: Martha T. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Harry T. Alexander

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X Immediate cause (a) Gastro-intestinal Hemorrhage — Interval between onset and death: 36 Hrs

B16 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Uremia — 24 hrs.

(c) Chronic Glomerular Nephritis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1946, to August, 1950, that I last saw the deceased alive on 26 Aug, 1950, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George J. Kreis, Jr. M.D. Elkton, Md Aug 26 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: August 29 1950. — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county): Elkton — (State): Md

DATE REC'D BY LOCAL REG. Aug 28 — REGISTRAR'S SIGNATURE: E K Frazer

24. FUNERAL DIRECTOR: H. W. Pippin & Son — ADDRESS: Elkton, Md.

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AUG 29 1950
BUREAU V. S

08092

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Royal) Woodlawn
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) near, Woodlawn md

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) V. (Last) Barnard
4. DATE OF DEATH (Month) August (Day) 21 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 27, 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Woodlawn, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Samuel Barnard
14. MOTHER'S MAIDEN NAME Laura Lukens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Clare Kelly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction — 3 days

420.1

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina pectoris — unknown number of years

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 12, 1950, to August 21, 1950, that I last saw the deceased alive on August 21, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Rhoslyn J Bishoff (Degree or title) BS MD ADDRESS 110 Pearl Street Rising Sun, Maryland DATE SIGNED 8/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE August 24, 1950
NAME OF CEMETERY OR CREMATORY Hopewell Cemetary
LOCATION (City, town, or county) Port Deposit, (State) Md

DATE REC'D BY LOCAL REG. Aug 23-50
REGISTRAR'S SIGNATURE L M McWhirington
24. FUNERAL DIRECTOR Ralph M Reed, ADDRESS Rising Sun, Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

8693

Reg. Dist. No. 96

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Principio Furnace
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Principio Furnace, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Eliza (Middle) Arabella (Last) Barnes

4. DATE OF DEATH: (Month) Aug. (Day) 23, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-16-1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Barnes

14. MOTHER'S MAIDEN NAME: Rachel L. Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Edith C. Black, Principio Furnace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X Immediate cause (a) Metastatic Osteo Sarcoma — Interval Between Onset and Death: 2 wks

55b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Osteo Sarcoma of Right Femur — 4 mo?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to Aug. 23, 1950, that I last saw the deceased alive on Aug. 23, 1950, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE: J. F. Magaro — (Degree or title): M. D. — ADDRESS: Perryville — DATE SIGNED: 8/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-26-1950 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre De Grace, Md.

DATE REC'D BY LOCAL REG.: Aug 25 1950 — REGISTRAR'S SIGNATURE: Ida M. Daugherty

24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

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AUG 28 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

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VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08094

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural — LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): SAMANTHA F. BRADLEY
4. DATE OF DEATH (Month) (Day) (Year): 8 - 8 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-12-1876
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Elkton Rural, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ambrose Scotten
14. MOTHER'S MAIDEN NAME: Martha Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Chester S Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculous Peritonitis — 7 Months

OHX

Antecedent cause(s)

15

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 17 1950
19b. MAJOR FINDINGS OF OPERATION: Tuberculous peritonitis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1950, to August 8, 1950, that I last saw the deceased alive on August 8, 1950, and that death occurred at 4:50 p m., from the causes and on the date stated above.

SIGNATURE: S. Ralph Andrews, Jr. — (Degree or title): M.D. — ADDRESS: Elkton, Maryland — DATE SIGNED: August 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-11-50 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist — LOCATION (City, town, or county): Cherry Hill (State): Md

DATE REC'D BY LOCAL REG.: Aug 11 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East Md

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08095

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Ceril — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 1736 7 St NW (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) Y (Last) BROWN
4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1950
5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 6-21-1895
9. AGE last birthday: 55 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: D.C. School.
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Thomas J. Young.
14. MOTHER'S MAIDEN NAME: Evangeline L Houston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm. L Houston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Lacerated Right Side of face with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of Skull Rt Side also

170 c (c) right forearm & lower leg.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Route 40 — (CITY OR TOWN) Elkton Rural (COUNTY) Ceril (STATE) Md
TIME OF INJURY (Month) 8 (Day) 12 (Year) 50 (Hour) 6:40 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Riding in car that hit truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr Rle Dodson (Degree or title) D.M.E. — ADDRESS: Rising Sun Md — DATE SIGNED: 8/12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Lincoln Mem. — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Aug 12 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Robert G. McGuire — ADDRESS: 1820-9 St NW.

Emb. 9537 — FD. 3265 Wash. DC.

V 349

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08096

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 Granite Cre.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) 51 Granite Cre.

3. NAME OF DECEASED (Type or Print) (First) JAUNITA (Middle) DARNELL (Last) BROWN
4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1950

5. SEX Fe.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single.
8. DATE OF BIRTH 6-29-50
9. AGE last birthday yrs. If under 1 year: Months 1 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rayfield Brown.
14. MOTHER'S MAIDEN NAME Esther Bond.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rafield Brown.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

921.0 Immediate cause (a) Strangulation, from.

195d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vomited food.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home. (CITY OR TOWN) Port Deposit (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 8 (Day) 3 (Year) 50 (Hour) 2 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Vomited food.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD. ADDRESS Rising Sun Md DATE SIGNED 8-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1950
NAME OF CEMETERY OR CREMATORY Mt. Zoar
LOCATION (City, town, or county) Conowingo, Md. (State)
DATE REC'D BY LOCAL REG. 7-3-50
REGISTRAR'S SIGNATURE Ida M. Daughtery
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

2-0-6-290-26-4-40-4 per-g.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08097

# CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) W (Last) BROWN

4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1950

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH July 10, 1892 — 9. AGE last birthday 58 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY Building Construction — 11. BIRTHPLACE (State or foreign country) Md. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A Brown — 14. MOTHER'S MAIDEN NAME Wilhimina Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. 214-16-3012 — 17. INFORMANT AND ADDRESS Mrs John W Brown Earlville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 1 day

420.1 Antecedent cause(s) (b) Coronary artery disease — 2 months

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Allan R. Cruckley M.D. — ADDRESS Middletown, Del — DATE SIGNED 8-7-50

23. BURIAL, CREMATION REMOVAL, (Specify) Burial — DATE Aug. 8 1950 — NAME OF CEMETERY OR CREMATORY Johnstown Cemetery — LOCATION (City, town, or county) Rural Earlville (State) Md.

DATE REC'D BY LOCAL REG. Aug 7-50 — REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney — 24. FUNERAL DIRECTOR Edward Fellows Millington Md. — ADDRESS

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08098

# CERTIFICATE OF DEATH

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CECIL — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WARWICK
LENGTH OF STAY (in this place) 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CECIL KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GALENA (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) BURNS

4. DATE OF DEATH: (Month) AUGUST (Day) 20 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: APRIL 14, 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: TENANT FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS BURNS

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MR. DANIEL MULLEN RULAL GALENA MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Carcinoma Colon — Interval Between Onset and Death: 2 Months

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1950, to 8/20, 1950 that I last saw the deceased alive on 8/20, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE Robert E. Eagar (Degree or title) ADDRESS Chestertown DATE SIGNED 8/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: August 23, 1950
NAME OF CEMETERY OR CREMATORY: LAMBSON'S
LOCATION (City, town, or county) (State): GALENA MARYLAND

DATE REC'D BY LOCAL REG.: Aug XX -50
REGISTRAR'S SIGNATURE: Mrs Harold W. Clayton
24. FUNERAL DIRECTOR: Edward Tillour
ADDRESS: Millington Md

RECEIVED
AUG 23 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

260

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T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08099

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2 mo. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2026 Portner Street, N.W.

3. NAME OF DECEASED (Type or Print) (First) OSSIE (Middle) (Last) CLIFTON

4. DATE OF DEATH (Month) August (Day) 12 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1-19-01

9. AGE last birthday 49 yrs. If under 1 year Months 6 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) WW-I

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 002X Immediate cause | (a) Hemorrhage, thoracoplasty, Post operative | 12 Hours |
| 13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Tuberculosis | Unk |
| | (c) Cirrhosis of Liver | Unk |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Unk

19a. DATE OF OPERATION August 11, 1950

19b. MAJOR FINDINGS OF OPERATION Tuberculosis, pulmonary

20. AUTOPSY? Yes ☐ No X ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----
(CITY OR TOWN) (COUNTY) (STATE) -----
TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? -----

22. I hereby certify that VA attended the deceased from June 6, 1950, to August 12, 1950, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXX~~ 19....., and that death occurred at 12:25 p.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) Chief, ADDRESS Professional Services, VAH, Perry Point, Md. DATE SIGNED 8-14-50

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 8-14-50
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Ft. Myer, Virginia. (State)

DATE REC'D BY LOCAL REG. Aug 14, 1950
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR R N Horton Co. R.N.HORTON, FUNERAL Director, ADDRESS 1322 U St., NW., Washington, D.C.

XV X 99

RECEIVED
AUG 16 1950
BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08100

Reg. Dist. No. 92

**1. PLACE OF DEATH:**
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, Institution, or street address where death occurred: 109 Bethel St.
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 109 Bethel St.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME:** Daniel W. Cooper

**3.(b) Social Security Number:** 211-16-2234

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Emily Cooper
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Jan. 9, 1885
8. AGE: Years: 65 | Months | Days | If less than one day ..... hrs. ..... min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Handy man around various homes
FATHER 12. Name: Charles Cooper
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Jane Lolia
MOTHER 15. Birthplace: Unknown
16. Informant: Emily Cooper
Address: 109 Bethel St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/3/50 (month) (day) (year)
Cemetery or crematory: Providence Cem.
Location: Elkton, Md.
18. Funeral director: Edw R Bell
Address: 909 Poplar St., Wilm. Del.
19. Sept 5 1950 (Date rec'd by registrar) J R Frazer Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: August 29 1950, at 8 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 25 1950 to August 29 1950
and that I last saw h. alive on August 28 1950

| Immediate cause of death | DURATION |
|---|---|
| Intestinal Obstruction | 3 days |
| Due to: Bilateral Inguinal Hernia | |
| Due to: 560.0 | |
| Other conditions: 122 a | |

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard L. Johnson M.D. M. D. or other
Address: Elkton Md. Date signed 8/31/50

VS. A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08101

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Zion; LENGTH OF STAY (in this place) 4 mos; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Newark; COUNTY N.C.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Del; STREET ADDRESS (If rural give location) 373 S College Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) J (Last) Ewing

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1950

5. SEX F; 6. COLOR OR RACE W; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow; 8. DATE OF BIRTH Nov 20 '76; 9. AGE last birthday 73 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; 10b. KIND OF BUSINESS OR INDUSTRY Housework; 11. BIRTHPLACE (State or foreign country) Md; 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph Scarborough; 14. MOTHER'S MAIDEN NAME Mary Byles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no; 16. SOCIAL SECURITY NO.; 17. INFORMANT Mrs Leonard Wilson, Zion Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Liver carcinoma of (metastatic) | 2 mo. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Stomach, carcinoma of (primary) | 11 mo. |
| | (c) | |

151x
46b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. malnutrition

19a. DATE OF OPERATION Jan 1950; 19b. MAJOR FINDINGS OF OPERATION carcinoma of stomach with metastasis to mesentery.; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to 22 Aug, 1950, that I last saw the deceased alive on 21 Aug, 1950, and that death occurred at 5 45 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wallace Johnson | M.D. | Newark, Del. | 23 Aug 50. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug 25 | St Johns | Lewisville |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug 23 | H L Frazer | R. T. Jones | Newark Del |

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08102

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bluefield — STREET ADDRESS (If rural, give location) 215 Penn St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HAMILTON (Last) GOFORTH

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-16-22.

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Bluefield W. Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Goforth

14. MOTHER'S MAIDEN NAME: Georgia Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. II

16. SOCIAL SECURITY NO.: 233-34-9613

17. INFORMANT: Wilbert Ware.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802.2 Immediate cause (a) Crushed Head. fractures

169.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Both legs both arms & clavicle numerous abrasions (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY R.R. Track — (CITY OR TOWN) Port Deposit — (COUNTY) Cecil — (STATE) Md

TIME OF INJURY (Month) 8 (Day) 20 (Year) 50 (Hour) 4 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Was hit by train on track.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Dr R L Dodson — D M E. — Rising Sun Md — 8-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial — DATE THEREOF: 8-23-1950 — NAME OF CEMETERY OR CREMATORY: Maple Hill — LOCATION (City, town, or county) (State): Bluefield, Virginia

DATE REC'D BY LOCAL REG.: Aug 21-50 — REGISTRAR'S SIGNATURE: Ida M Daugherty act. Reg.

24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son — Perryville, Md. 95879

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08103

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 322 - 7 St. N.W. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SHARON (Middle) (Last) GREEN
4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1950

5. SEX F.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-10-46
9. AGE last birthday 4 yrs. If under 1 year Months 2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levoi T Green.
14. MOTHER'S MAIDEN NAME Carolyn. Taylor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William L. Houston

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound fracture of skull.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with exulsion of brain
(c)

816.5
170 C

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) route 40 (CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 8 (Day) 12 (Year) 50 (Hour) 640 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Riding car that hit truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R. L. Dodson (Degree or title) D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 8/12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Lincoln Mem.
LOCATION (City, town, or county) Sutton Md. (State)

DATE REC'D BY LOCAL REG. Aug 12
REGISTRAR'S SIGNATURE F K Frazer
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9 St NW Wash. D.C.
Emb. 9537 - FD. 3265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 15 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

08104

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvert | LENGTH OF STAY (In this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rising Sun #2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvert
STREET ADDRESS (If rural, give location) Rising Sun R.D.#2.

3. NAME OF DECEASED (Type or Print): (First) MILLER (Middle) ANDREW (Last) HALL

4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-1-1881

9. AGE last birthday: 69 yrs. | If under 1 year: Months 4 Days 12 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never "Retired"): Brick mason

10b. KIND OF BUSINESS OR INDUSTRY: C.R.R.

11. BIRTHPLACE (State or foreign country): Oxford Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Hall.

14. MOTHER'S MAIDEN NAME: Elizabeth Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-01-7326

17. INFORMANT: Ellis Hasbel

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/20,1 **Immediate cause** (a) Acute Coronary Embolism — Interval between onset and death:

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr R L Dodson | (Degree or title) | ADDRESS: Dr E Rising Sun Md. | DATE SIGNED: 8-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/17/50 | NAME OF CEMETERY OR CREMATORY: Friends Burial Ground | LOCATION (City, town, or county) (State): Calvert Maryland.

DATE REC'D BY LOCAL REG. Aug 13-1950 | REGISTRAR'S SIGNATURE: D M Worthington | 24. FUNERAL DIRECTOR: Williams & Johnston | ADDRESS: Oxford Pa.

31847

VS. A15A

RECEIVED
AUG 15 1950
BUREAU OF S

Evidence for change of age as shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08105

FILM No. G 127 SEP 7 1950

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 19y 9m 20d; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Kansas; COUNTY: Sedgwick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wichita; STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) S. (Last) HOWARD

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-9-96

9. AGE last birthday: 54 53 yrs. If under 1 year: Months. 9 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Occlusion | Unk. |
| 420.1 Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension - Arteriosclerosis | Unk. |
| | (c) Dementia Praecox, Paranoid type | Unk. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Unk.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): --

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I V.A. attended the deceased from 10-26, 1938, to 8-23, 1950, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (Degree or title) Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) August 28, 1950 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 8-30-50

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Aug 30, 1950

REGISTRAR'S SIGNATURE: Ida M. Daugherty act. Reg.

24. FUNERAL DIRECTOR: Pennington & Son

ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
SEP 11 1950
BUREAU W. &

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08106

## CERTIFICATE OF DEATH

Reg. Dist. No. 91

**1. PLACE OF DEATH**

County: Cecil

City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year.

Hospital, institution, or street address where death occurred: Home of Son - Daniel Johnson, Chesapeake MD.

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Chesapeake
(If outside city or town limits, write RURAL and give nearest town)

Street No.: RD 1
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME**: Florence Henry Johnson

**3. (b) Social Security Number**

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: WIDOWED.

6.(b) Name of husband or wife: George L. Johnson.

6.(c) If alive, give age: Ekel years

7. Birth date of deceased (mo., day, yr.): March 15, 1894

**8. AGE:** Years: 56 Months: 5 Days: 8 If less than one day: hrs. min.

9. Birthplace: Wilm. Del.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: William Johnson
13. Birthplace: Delaware

MOTHER
14. Maiden name: Angie Casalo
15. Birthplace: Delaware.

16. Informant: Mrs. Daniel Johnson.
Address: Chesapeake City

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 8 26 50 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Chesapeake City.

18. Funeral director: Mr. L. Daniels.
Address: Middletown

19. 8-28 1950 (Date rec'd by registrar) Mrs. R. H. Rees Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/23/50 1950 at about 9:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/15 1950 to 8/23/50 1950 and that I last saw her alive on 8/23/50 1950

Immediate cause of death: Congestive heart failure. rheumatic heart disease years

Due to: Rheumatic heart disease

Due to: 416X

Other conditions: 95b

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harvey L. Hoch M.D. M. D. or other

Address: Middletown, Del. Date signed: 8/24/50

VS A15 I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08107

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural. LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EVERT (Middle) WILLIAM LA POINTE (Last)
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1950

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 16, 1905
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs.
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward La Pointe
14. MOTHER'S MAIDEN NAME Rose Ella McCusty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by hanging

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Elkton RD4 (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 1 (Year) 50 (Hour) 3 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hung himself on tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Dr R C Dodson, (Degree or title) D.M.E. ADDRESS Rising Sun. Md. DATE SIGNED 8/3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 3, 1950
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) Cherry Hill (State) Md.

DATE REC'D BY LOCAL REG Aug 3
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.

98897

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VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08108

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Cecil |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton R.D. #2 — LENGTH OF STAY (in this place): 48 | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton R.D #2 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Thomas | M. | Lindell | August | 8 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | Widower | Oct. 3 1862 | 87 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer Retired | Farmer | Delaware | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Thomas Lindell | Janie Black. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | Mrs. Albert George |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 592x Immediate cause | (a) Uremic Poisoning | 2 wks |
| 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Interstitial nephritis | 4 years |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Chronic Myocarditis | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from March, 1950, to August, 1950, that I last saw the deceased alive on 8/5, 1950, and that death occurred at 12:03 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James L. Johnson | MD | 245 E High St, Elkton, Md | August 8, 1950 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | August 10, 1950 | Bethel Cemetery | Near Chesapeake City Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug 10 | F R Frazer | H. W. Piffin & Son | Elkton Md. |

VS. A15

000VV

RECEIVED
AUG 11 1980
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08109

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
   LENGTH OF STAY (in this place): 27yr, 9mo, 22days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Philadelphia
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
   STREET ADDRESS (If rural, give location): 17th & Chestnut Streets

3. NAME OF DECEASED (Type or Print): (First) GREGORY (Middle) (Last) MARTINZIK

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months Unk, Days Unk. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis, left, due to Coronary Sclerosis — Interval between onset and death: Unknown

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artersclerosis generalized — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ----

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ----

(CITY OR TOWN): ----

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ----- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that VA attended the deceased from 10-20, 19 22, to 8-12, 1950, ~~that I last saw the deceased~~ and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) M.D. ADDRESS Chief, Professional Services, VA Hospital Perry Point, Md. DATE SIGNED 8-14-50

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL — DATE: 8/18/50 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE REC'D BY LOCAL REG.: Aug 17, 1950 — REGISTRAR'S SIGNATURE: Ida Daugherty

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS

act.

XVX99

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08110

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (in this place) 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton - Rural; STREET ADDRESS (If rural, give location) County Almshouse

3. NAME OF DECEASED (Type or Print): (First) Walter; (Middle) A.; (Last) McMullen

4. DATE OF DEATH: (Month) August; (Day) 2; (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 13, 1879

9. AGE last birthday: 70 yrs.; If under 1 year: Months 10; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William A McMullen

14. MOTHER'S MAIDEN NAME: Annie Smeltzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Lee A. Patterson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) (b) Hypertrophy of Prostate Gland with Urinary Retention — Interval Between Onset and Death: Unknown

610X 137a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1950, to August 2 1950, that I last saw the deceased alive on August 2, 1950, and that death occurred at 12 M P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Elkton Maryland August 3 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Aug. 4 1950; NAME OF CEMETERY OR CREMATORY: St Marks; LOCATION (City, town, or county) (State): Perryville Md.

DATE REC'D BY LOCAL REG. Aug 3; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: H. W. Pippin & Son; ADDRESS: Elkton Md

8-6-VV

RECEIVED
AUG 7 1950
EL RENO, OKLA.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08111

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East, Md.
STREET ADDRESS (If rural, give location) North East, Md.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) C. (Last) Reader
4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23 1876
9. AGE last birthday: 74 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President North East National Bank
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): North East Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel J Reeder
14. MOTHER'S MAIDEN NAME: Mary D Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No. 219-16-1499
17. INFORMANT AND ADDRESS: Mrs Robert C. Reader, North East, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 6 Hours |
| 241X Antecedent cause(s) | | |
| 112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Pulmonary Emphysema | 10 years |
| | (c) Bronchial Asthma | 50 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 6 Aug, 1950, that I last saw the deceased alive on 6 Aug, 1950, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE: Hans H Hueber (Degree or title) M.D. ADDRESS: North East Md DATE SIGNED: 8 Aug '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug 9-1950
NAME OF CEMETERY OR CREMATORY: North East Methodist Cemetery
LOCATION (City, town, or county) (State): North East Maryland

DATE REC'D BY LOCAL REG.: 8-9-50
REGISTRAR'S SIGNATURE: Sara E Rothermel
24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: North East, Md.

156-8V

RECEIVED
AUG 11 1950
BUREAU V. S.

Evidence for addition on cause of death shown on Film G128 -9-14-50 as

08112

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | |
|---|---|
| 1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: South Carolina — COUNTY: Charlestown |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md. — LENGTH OF STAY (in this place): 1 mo 6 das | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Perry Point, Md. | STREET ADDRESS (If rural, give location): 1 Ashley Blvd. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) RICHARD | (Middle) C. | (Last) ROBERTS | 4. DATE OF DEATH | (Month) 8 (Day) 9 (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 10-23-99 | 9. AGE last birthday: 50 yrs. | If under 1 year: Months 9, Days 16; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture salesman | 10b. KIND OF BUSINESS OR INDUSTRY: unknown | 11. BIRTHPLACE (State or foreign country): South Carolina | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma, squamous type with metastasis to the Liver and regional lymph nodes | Unknown |
| 150 X Antecedent cause(s) | | |
| 46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) Primary site of carcinoma was the esophagus. (9-14-50 - ams) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): -- | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): -- | (CITY OR TOWN) — (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour): -- m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? — |

22. I hereby certify that I attended the deceased from July 3, 1950, to Aug. 9, 1950, ~~that I last saw the deceased alive on~~ death occurred at 12:25 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| E.P.BRANNON, M.D., Chief, Prof. Services | | VAH, Perry Point, Md. | 8-9-50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | 8-9-50 | Unknown | Charlestown | S.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug 9, 1950 | Ida M Daugherty, Act Reg. | Pennington & Son | |

27869

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1980
BUREAU W.T.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08113

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH**
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 8y. 4 m. 2 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Virginia — COUNTY: Loudon
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silcottsprings
STREET ADDRESS (If rural, give location): Unknown

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARY | E | SILCOTT | August | 30 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | 1864 | 86 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Nurse | Unknown | Virginia | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | S.A.W. | Unknown | Hospital Records, VAH, Perry Point, Md. |

**18. MEDICAL CERTIFICATION**

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebro-vascular accident | 2 Hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Asthma | Unk. |
| | (c) Hypertensive cardiovascular disease with cerebral arteriosclerosis. | Unk. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

443X
93d

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| -- | -- | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| -- | -- | -- | -- | -- |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| --- | | | m. | | -- |

22. I hereby certify that I attended the deceased from April 28 19 42, to Aug. 30, 19 50, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 8:55 P.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: Aug. 31, 1950

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 9-5-50 | Arlington National Cemetery | Ft. Myer, Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Sept. 1-1950 | Ida M. Daugherty | Pennington & Son | PENNINGTON & SON, Havre de Grace, Md. |

V3492

RECEIVED
SEP 4 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08114

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Singerly
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Singerly
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) PERCY (Last) STROUD
4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1950
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Oct 28, 1896
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Acct Welder
10b. KIND OF BUSINESS OR INDUSTRY Car Compressor
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Harry F Stroud
14. MOTHER'S MAIDEN NAME Melvina Heritage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William H Stroud

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson (Degree or title) MD DME ADDRESS Rising Sun Md DATE SIGNED 8-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 23/50
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. Aug 23
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

46499

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 25 1950
BUREAU V. S

MV

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

08115

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 322 T St NW (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EUNITA (Middle) V (Last) TAYLOR.
4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1950
5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 10-1897
9. AGE last birthday: 52 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Public Sch.
10b. KIND OF BUSINESS OR INDUSTRY: MARRIED
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Thomas J Young.
14. MOTHER'S MAIDEN NAME: Evangeline L Houston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm. L Houston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture Rt side of face

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull right lower leg Fracture

170C (c) of left fore arm & left lower leg

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Route 40 — (CITY OR TOWN) Elkton Rural — (COUNTY) Cecil — (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 12 (Year) 50 (Hour) 640 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Riding in car that hit truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr R L Dodson — (Degree or title) D.M.E. — ADDRESS: Rising Sun Md. — DATE SIGNED: 8/12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Lincoln — LOCATION (City, town, or county): Lutsden Md. (State)
DATE REC'D BY LOCAL REG.: Aug 12 — REGISTRAR'S SIGNATURE: L R Frazer
24. FUNERAL DIRECTOR: Robert G. McGuire — ADDRESS: 1820 9 St NW Wash., D.C.

Ent. 9537 - FD-3265

26698

RECEIVED
AUG 15 1980
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08116

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comoningo Rd
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comoningo Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) CHRISTIE (Last) TAYLOR.
4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 1950

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower.
8. DATE OF BIRTH 8-20-1915
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY Owner.
11. BIRTHPLACE (State or foreign country) Rolandville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Lewis Taylor.
14. MOTHER'S MAIDEN NAME Mary Christie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 186-09-0052.
17. INFORMANT George Lewis Taylor.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

815.5 Immediate cause (a) Internal Hemorrhage

170 d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured cervical vertebrae

(c) Fracture Rt leg & flaws and Rt arm. forearm.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route I (CITY OR TOWN) Porters Bridge (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 18 (Year) 50 (Hour) 930 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was hit Gauto while on Mot Cyl.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R L Dodson (Degree or title) D M E ADDRESS Rising Sun Md DATE SIGNED 8/19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 22, 1950
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) Colora Cecil (State) Md.

DATE REC'D BY LOCAL REG. Aug 20-1950
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

15649

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 22 1950
BUREAU V. E.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

08117

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 55 Hollingworth

3. NAME OF DECEASED (Type or Print) (First) LEE (Middle) (Last) WEISS

4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-7-1925
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Cont Elect
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Guy M. Weiss
14. MOTHER'S MAIDEN NAME Peggy A. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) Var. II
16. SOCIAL SECURITY NO. 197-12-0523
17. INFORMANT Mrs Lee M Weiss,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) Hypostatic Pneumonia.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of skull; 10 D. Vertebrae

170c (c) transection of spinal Cord 10 D. Vert

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rout 273 (CITY OR TOWN) Elkton RD (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 17 (Year) 50 (Hour) 10 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit concrete abutment on R. 273

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr Ole Dockson (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 9-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 13/50
NAME OF CEMETERY OR CREMATORY Pilkin Manor Mem P.R.
LOCATION (City, town, or county) Elkton (State) Md

DATE REC'D BY LOCAL REG. Sept 2
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton

314V9

RECEIVED
SEP 6 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08118

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 27yrs7mos20da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: West Virginia — COUNTY: Kanawan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Island Branch
STREET ADDRESS (If rural, give location): None ✓

3. NAME OF DECEASED (Type or Print): (First) VARLEY (Middle) D. (Last) WHEATCROFT
4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 5, 1894
9. AGE last birthday: 56 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis, bilateral, active, far advanced. — UNK

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — UNK

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from Jan. 6, 1923, to Aug. 26, 1950, ~~that I last saw the deceased alive on XXXXXXXXXX 19XXX~~ and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. 8-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL | DATE: 8-28-50 | NAME OF CEMETERY OR CREMATORY: Unknown | LOCATION (City, town, or county) (State): Sissonville, West Virginia

DATE REC'D BY LOCAL REG. 8-28-50 | REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg. | 24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son, PENNINGTON & SON, Havre DeGrace, Maryland

RECEIVED
AUG 29 1950
BUREAU V. S

Evidence for correction of #8 as shown on:

08119

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FILM No. G 127 SEP 5 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Cecil MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Del. COUNTY: New Castle |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elston — LENGTH OF STAY (In this place): 2 hours | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silverwood |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital | STREET ADDRESS (If rural, give location): 902 Newport Pike |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MINA ALEXANDRIA White | 4. DATE OF DEATH (Month) (Day) (Year): Aug 24 1950 |
| 5. SEX: F. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 5-24-1888 — 9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Ireland. — 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: David Robinson | 14. MOTHER'S MAIDEN NAME: No information |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. | 17. INFORMANT: John White |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident Rt Side

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Dr R C Dodson, D M E. — ADDRESS: Rising Sun Md. — DATE SIGNED: 8/25-50

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug 28/50 | Silverbrook | Wilmington Del |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug 25 | F K Frazer | H W Pippen & Son | Elkton Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08120

Reg. Dist. No. 92

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Union Hospital, Cecil Co. MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Phillipsburg COUNTY: Penna |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 13 da. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital | STREET ADDRESS: RD 1 (If rural, give location) Pa |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Esther | (Middle) | (Last) Wilkinson | 4. DATE OF DEATH | (Month) Aug (Day) 24 (Year) 1950 |
| 5. SEX: F | 6. COLOR OR RACE: Wh | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Oct 28, 1887 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home | 10b. KIND OF BUSINESS OR INDUSTRY: Osceola | 11. BIRTHPLACE (State or foreign country): Osceola Mills, Pa | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME: William Oldham | 14. MOTHER'S MAIDEN NAME: Mary Birch | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: C. B. Wilkson | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Circulatory Failure | 24 hours |
| 174X Antecedent cause(s) | | |
| 48 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of Liver | ? |
| | (c) Carcinoma of Uterus | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Aug 11, 1950, to Aug 24, 1950, that I last saw the deceased alive on Aug 24, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob L Engle, MD. — ADDRESS: Oxford, Penna — DATE SIGNED: Aug 24/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial & Removal | DATE: Aug 27/50 | NAME OF CEMETERY OR CREMATORY: Umbria | LOCATION (City, town, or county) (State): Osceola Mills Pa |
| DATE REC'D BY LOCAL REG.: Aug 25 | REGISTRAR'S SIGNATURE: F R Frazer | 24. FUNERAL DIRECTOR: H W Kippen & Son | ADDRESS: Elkton |

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 28 1950
BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08121

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 3yr.6mo.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 2713 Mura St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) L. (Last) WROBLEWSKI
4. DATE OF DEATH (Month) Aug. (Day) 16, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-23-19
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 26 days

490 x Immediate cause (a) Lobar Pneumonia

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain Abscess complicating from Prefrontal Lobotomy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-20-50
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 2-10, 1947, to 8-16, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. Brannon
E. P. BRANNON, M.D., Chief, Professional Services, VA Hospital, Perry Point, Md. 8-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/21/50
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Aug 21-1950
REGISTRAR'S SIGNATURE Ida M. Daugherty
24. FUNERAL DIRECTOR PENNINGTON & SON, HAVRE DE GRACE, MARYLAND
ADDRESS

Act. Reg

XVX99

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 23 1950
BUREAU V. S